

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--------------|
| | IND | DEP | IND | DEP | IND | DEP | |
| 1 | | | | | | | 51 |
| 2 | | | | | | | 52 |
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| 50 | | | | | | | 100 |
| TOTAL IND. | 14 | | | | | | TOTAL IND. |
| TOTAL DEP. | 9 | | | | | | TOTAL DEP. |
| TOTAL CLAIMS | 13 | | | | | | TOTAL CLAIMS |